



# EVR

## Emergency Volunteer Registry

### Emergency • Disaster • Pandemic

Peterborough City & County

**For Office Use Only:** Search Key \_\_\_\_\_ Date of Enrolment: \_\_\_\_\_  
Year Month Day

**General Information** *(Please print legibly throughout—circle choices or check box.)*

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Circle Preferred Title:** Dr. | Prof. | Mr. | Mrs. | Ms. | Miss | None      **Date of Birth:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Year Month Day

**Phone # Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Best Time to Call:**

Any Time       After 7 PM       8 AM—4 PM       See other instructions

Cell phone #: \_\_\_\_\_

Contact me on my cell phone any time       Call my cell phone only in an emergency

I frequently check my email—I prefer that you contact me by email (address below).

I understand that in an emergency, telephone or cell phone may be the only way to make contact with me.

**Volunteer's Addresses**

Home Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please send mail to:     My email address       My home address       My business address

**Availability**

Immediate Disaster Response:     1-2 Days ONLY       1 Week ONLY       2—3 Weeks       3+ Weeks

Weekdays:     Morning       Afternoon       Evening

Weekends:     Morning       Afternoon       Evening

How Often?     Daily       Weekly       Monthly       Yearly       On going





## Skills

Specific skills will be discussed with you during your intake interview. To assist the interviewer, please circle all of the following skills groups you have competencies in:

Language | Disaster Response | Health Care | Equipment Operator | Skilled/Professional Trades  
Special Needs/Vulnerable Populations | Food Handling | Emotional Support/Counselling

## Emergency Response Experience

Do you have previous experience or training in disaster, emergency, or pandemic response?  Yes  No

## Preferred Activities

Please circle any of the following activities that you would prefer as a volunteer placement:

Language | Disaster Response | Equipment Operation | Skilled/Professional Trades  
Special Needs/Vulnerable Populations | Food Handling | Emotional Support/Counselling  
Administrative | Volunteer Management | Animal Control | General

## Transportation

Do you possess a valid Driver's License?  Yes  No

Do you have access to personal transportation?  Yes  No

Do you rely on public transportation?  Yes  No

## Affirmation of Support

Do you have the support and consent of your family to volunteer in this capacity?  Yes  No  N/A

If you are employed, do you also have the support and consent of your employer?  Yes  No  N/A

If you are employed, explain the process and amount of time required to be released from work commitments:

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**Declaration:**

I understand that by completing this application, I am agreeing to meet with a staff representative of United Way of Peterborough & District or an EVR Intake Volunteer Coordinator for further information exchange. I also understand that until I have met with a staff representative of United Way of Peterborough & District or an EVR Intake Volunteer Coordinator, I am not fully registered to be an Emergency Responder in the Emergency Volunteer Registry.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dear EVR Volunteer,**

**Thank you for your interest in becoming an Emergency Responder with the EVR. We fervently hope that we will never see a local pandemic or large-scale emergency or disaster. But if we do, with your help we are better prepared to respond quickly and effectively. Together, we can save lives, restore our community, and thrive!**

**Sincerely yours,**

**The Peterborough Interagency Pandemic Influenza Planning Team**

For more information contact: **United Way of Peterborough & District**

277 Stewart Street, Peterborough, ON K9J 3M8

Phone 705-742-8839 Fax 705-742-9186 Email volunteer@uwpeterborough.ca

**Security (For Office Use Only):**

Police record check complete with sponsoring agency within the last six months.

Contact: \_\_\_\_\_ Verified date: \_\_\_\_\_ Verified by: \_\_\_\_\_  
Year Month Day

Police record check submitted to United Way \_\_\_\_\_ Received by: \_\_\_\_\_  
Year Month Day

Reference checking completed.  Security checks completed.

References: 1) \_\_\_\_\_ Phone # \_\_\_\_\_

2) \_\_\_\_\_ Phone # \_\_\_\_\_

Photo:  Attached  Provided on Disk/CD  E-Mailed  To be provided later  Re-Use Current Photo